

PUBLIC VOUCHER FOR PURCHASES /
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040157-9

Bu. Vou. No. _____

2411

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

| (Address) | | (City) | (State) | QUANTITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|----------------|----------|------------|-----|---------|--------|
| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | Discount Terms | | Cost | Per | Dollars | Cts |
| | | Costs | | | | | | \$2.74 |

PAYMENT:

Complete
 Partial
 Final

Use continuation sheet(s) if necessary

| | | | | |
|--------------|----|--------|--------------------|-------|
| Shipped from | to | Weight | Government B/L No. | Total |
|--------------|----|--------|--------------------|-------|

(Payee must NOT use this space)

| | |
|---|-------------|
| I certify that the above bill is correct and just and that payment has not been received. | Differences |
|---|-------------|

(Sign original only)

| | |
|--------------|------------------------------|
| Date 3-10-59 | Amount verified; correct for |
|--------------|------------------------------|

(Signature or initials) 

| | |
|-----------|-------------|
| Per _____ | Title _____ |
|-----------|-------------|

| | | | | |
|--------------------|------------|----------------|------------|----------------------|
| Contract No. _____ | Date _____ | Req. No. _____ | Date _____ | Invoice Rec'd. _____ |
|--------------------|------------|----------------|------------|----------------------|

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

| | | |
|---------|--|---|
| Paid by | Check No. _____ dated _____, 19_____, for \$ _____ | on Treasurer of the United States in favor of _____ (payee named above) |
| | Cash, \$ _____, on _____, 19_____, Payee _____ | (Sign original only) |

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company name or title, as the case may be, is to be signed, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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Title _____

16-22900-6

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STATOTHR

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